

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor(s), I(We) hereby declare that:

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

NOTE: If one of the following three items applies, then check and also complete section entitled "CLAIM FOR BENEFIT UNDER 35 U.S.C. § 120."

- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADJUSTABLE SENSITIVITY, GENETIC MOLECULAR INTERACTION SYSTEMS, INCLUDING PROTEIN-PROTEIN INTERACTION SYSTEMS FOR DETECTION AND ANALYSIS

the specification of which (check one)

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56 (a).

CLAIM FOR BENEFIT UNDER 35 U.S.C. § 119

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application to which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/month/year filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/month/year filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/month/year filed)	Yes	No

CLAIM FOR BENEFIT UNDER 35 U.S.C. § 119(e)

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

PRIOR PROVISIONAL APPLICATIONS

Filing Date

<u>60/158,079</u>	<u>October 7, 1999</u>
(Number)	
_____	_____
(Number)	
_____	_____
(Number)	

CLAIM FOR BENEFIT UNDER 35 U.S.C. § 120

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material to patentability, as defined in Title 37, Code of Federal Regulations, Section 1.56 (a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR US PATENT APPLICATIONS

_____ USSN	_____ Filing Date	_____ Status
_____ USSN	_____ Filing Date	_____ Status
_____ USSN	_____ Filing Date	_____ Status

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As named inventor, or named inventors, I (We) hereby appoint the attorney(s) and/or agent(s) presently listed in our Customer Nos. 28,112 (Tulsa), 24,951 (Arkansas) and 24,950 (Oklahoma City) all members duly authorized to practice law. Further, all foregoing attorneys are authorized to prosecute this application to register, to transact all business in the Patent and Trademark Office in connection therewith, and to receive the Letters Patent Document, if issued.

SEND CORRESPONDENCE AND TELEPHONE CALLS TO:

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Full name of second inventor: **Arlene Leon**

Inventors signature: _____ DATE _____

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Full name of third inventor: **David F. Ranney**

Inventors signature: _____ DATE _____

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